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Signature

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PTO/SB/05 (11-00)

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Date

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UTILITY PATENT APPLICATION TRANSMITTAL

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Attorney Docket No.		TI-27987			
First Inventor		Ruben P. Madrid	S.		
Title	METHOD AND SYSTEM FOR MANUFACTURING BALL GRID		7, c.		

(Only for new nonprovisional applications under 37 CFR 1.53(b)) EL645509086US Express Mail Label No. Assistant Commissioner for Patents ADDRESS TO: APPLICATION ELEMENTS **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents Washington, DC 20231 CD-ROM or CD-R in duplicate, large table or Fee Transmittal Form (e.g., PTO/SB/17) 7. X (Submit an original, and a duplicate for fee processing) Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission Applicant claims small entity status. 8. 2 (if applicable, all necessary) See 37 CFR 1.27. [Total Pages Specification] 15 Computer Readable Form (CRF) X 3. (preferred arrangement set forth below) - Descriptive title of the Invention b. Specification Sequence Listing on: - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D CD-ROM or CD-R (2 copies); or - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention ii. paper - Brief Summary of the Invention Statements verifying identity of above copies - Brief Description of the Drawings (if filed) ACCOMPANYING APPLICATION PARTS - Detailed Description - Claim(s) - Abstract of the Disclosure Assignment Papers (cover sheet & documents(s)) 9. 37 CFR 3.73(b) Statement Power of Χ 3 Drawing(s) (35 U.S.C. 113) [Total Sheets 10 4 1 (when there is an assignee) Attorney Χ 2 [Total Pages 11. English Translation Document (if applicable) 5. Oath or Declaration Copies of IDS Information Disclosure 12. Newly Executed (original or copy) Statement (IDS)/PTO-1449 а Citations Copy from a prior application (37 CFR 1.63(d)) X **Preliminary Amendment** 13. b (for continuation/divisional with Box 18 completed) Return Receipt Postcard (MPEP 503) X 14. DELETION OF INVENTOR(S) (Should be specifically itemized) Signed statement attached deleting inventor(s) Certified Copy of Priority Document(s) 15. named in the prior application, see 37 CFR (if foreign priority is claimed) 1.63(d)(2) and 1.33(b). Request and Certification under 35 U.S.C. 122 16. (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Application Data Sheet. See 37 CFR 1.76 Other 17. 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation-in-part (CIP) Continuation Divisional of prior application No: Group / Art Unit. For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS 23494 Customer Number or Bar Code Label Correspondence address below (Insert Customer No. or Attach bar code label here) NAME Texas Instruments Incorporated **ADDRESS** CITY ZIP CODE STATE COUNTRY TELEPHONE FAX (972) 271-1176 (972)917-4418 Name (Print/Type) Registration No. (Attorney/Agent) Reg. No. 36,144 Jacqueline L. Garner

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents. Box Patent Application. Washington, DC 20231.

PTO/SB/17(11-00)

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FEE TRANSMITTAL for FY 2001

Complete If Known TBD **Application Number** 10/25/01 Filing Date Ruben P. Madrid First Named Inventor TBD **Examiner Name**

METHOD OF PAYMENT 1.					Group	Art Ur	nit	TBD		
The Commissioner's harsely authorized to charge included laws and credit any everyphyments and cr	TOTAL AMOUNT		Attorney Docket No.			Ti-27987				
1. STA Commissioner is hearterly authorised to charge inclinated fees and credit any overeplayments to: Deposit Account Number 20-0668 76 76 76 76 76 76 76	METHOD OF PAYMENT				FEE CALCULATION (continued)					
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Code 18	indicated	d fees and credit any overpa	lyments to:							
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Check Grad				112	920*	112				
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16 390 216 195 Extension for reply within second month	Check			115	110	215				
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1.89 1.89 2.28 9.45 Extension for reply within fifth month	FEE CALCULATION				890	217	445	Extension for reply within third month		
Fee					1,390	218	695	Extension for reply within fourth month		
Code (s) Code (s) Fee Paid 119 310 219 155 Notice of Appeal				128	1,890	228	945	Extension for reply within fifth month		
105 320 206 160 Design filing fee 121 270 221 135 Request for oral hearing 107 490 207 245 Plant filing fee 138 1,510 138 1,510 Petition to institute a public use proceeding 108 710 208 355 Reissue filing fee 144 1,240 241 620 Petition to revive - unavoidable 144 1,240 241 620 Petition to revive - unintentional 142 1,240 242 620 Utility issue fee (or reissue) 144 1,240 241 240 242 620 Utility issue fee (or reissue) 143 440 243 220 Design issue fee 144 1,240 241 240 242 620 Petition to revive - unintentional 142 1,240 241 1,240 241 1,240 241 1,240 241 1,240 241 1,240 241 1,240 241 1,240 241 1,240 241 1,240 241 1,240 241 1,240 241 1,240 241 1,240 241 1,240 1,2		Tee Description	Fee Paid	119	310	219	155	Notice of Appeal		
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108	106 320 206 160	Design filing fee		121	270	221		Request for oral hearing		
108	107 490 207 245	Plant filing fee		138	1,510	138				
2. EXTRA CLAIM FEES 143	108 710 208 355	Reissue filing fee		140	110	240		. •		
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Total Claims Claims		SUBTOTAL (1)	(\$)740	142	1,240	242	620	Utility issue fee (or reissue)		
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104 270 204 135 Multiple dependent claims, if not paid 109 80 209 40 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0 **Reduced by Basic Filing Fee Paid SUBMITTED BY Name (Print/Type) **Registration No. Registration No. Registration No. Registration (RCE) 179 710 279 355 Request for Continued Examination (RCE) 169 900 169 900 Request for expedited examination of a design application **Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) **Registration No. Registration (Attorney/Agent) **Telephone (972) 271-1176	103 18 203 9			149	710	249	555			
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Name (Print/Type) Jacqueline J. Garner Registration No. (Attorney/Agent) Registration No. (Attorney/Agent) Registration No. (Attorney/Agent)	**or number previously pai	d, if greater; For Reissue, se	e above	Vega	ocu by ba	are riming	, ce i alu	20RIOIAL (3)	(\$)	
(Attorney/Agent	SUBMITTED BY					D		Complete (if app	licable)	
Signature (Alloriney/Agent)	Jacqueline J. Garner					No.		36,144 Telephone (97	'2) 271-1176	
Significant Data 1// 2// C/	Signature		3	_		(Auomey/		Date /C	125/01	